

**INTERAGENCY COORDINATING COUNCIL
COMMITTEE MEETING MINUTES**

COMMITTEE: Health Systems

RECORDER: Sheila Wolfe

DATE: November 21, 2002

COMMITTEE MEMBERS

PRESENT: Julie Kingsley, Co-Chairperson; Bonnie Bear, Sylvia Carlisle, Marcy Gallagher, Dwight Lee, Mara McGrath, Robin Millar, Peter Michael Miller, Hallie Morrow

STAFF: Sheila Wolfe, WestEd/CPEI

DDS LIAISON: Mary Lu Hickman, M.D

CDE LIASON: Nancy Sager

ABSENT: Arleen Downing, Co-Chairperson, Jean Brunelli, Yvette Pena

GUESTS: Michelle Davis, Toni Gonzales, Ruth Harris, Sandy Harvey, Gretchen Hester, Kat Lowrance, Cynthia Merritt, Debbie Reath

SUMMARY OF IMPORTANT POINTS AND ACTIONS CONSIDERED

- I. **Introduction and Opening Comments:** Julia Kingsley welcomed the committee and guests. She explained that she would be chairing the meeting alone as Co-Chair, Arleen Downing, was on vacation and would not be attending this month.
- II. **Agenda Review:** The agenda was reviewed and the following notes reflect the order in which items were discussed.
- III. **Review and Approval of Minutes:**
The notes were read and approved with changes noted only in name spelling and correction for Ruth Harris to Ms. rather than Dr. Harris.
- IV. **Committee Tasks and Activities:**
 - A. **Hearing Screening:** Dr. Morrow introduced Cynthia Merritt, MS., Audiologist – Ca. Dept. of Health Services as the HSC's guest speaker to provide an audiologist's point of view on current hearing screening/assessment practices. This presentation was requested to provide the HSC with a framework for the proposed plan for the Committee to address this topic and provide recommendations to the ICC as the Committee has done in the area of vision.

Ms. Merritt provided a hand out on Hearing Screening and Assessment: Current Technologies and Practices referenced to Jack Katz, PhD and other field leaders. (See attached)

Ms. Merritt noted that the field of Audiology is in transition and while there are guidelines, there is still discussion and various perspectives on the topics of hearing screening, assessment and intervention. Ms. Merritt's hand out reviewed general advantages and disadvantages for the various stages of the process and common tools and guidelines used in the field. She noted that what is considered an appropriate screening or assessment has different answers depending on the child's age, risk factors and history. Other considerations include the training and background of the screener/assessor and the goal of the screening/assessment. She noted that those who provide screening, are generally providing "yes"- no," answers to specific questions and child behaviors. She noted that professionals from varied backgrounds could be trained and supervised to provide effective screenings. However, trained audiologists and specialized personnel with more in-depth training and experience are expected to complete more comprehensive assessments.

The American Academy of Pediatrics Policy Statement in Newborn and Infant Hearing Loss: Detection and Intervention (RE9846 – February 1999) was also reviewed (see attached) and criteria for universal screening and required assessments were discussed. It was noted that health, education, the regional center system and Head Start all provide different perspectives on the topic and provide different aspects of the service continuum. The following issues and questions were noted for follow-up in this area:

1. What are the specific Hearing Screening policies from the Dept of Health Services (DHS) through CHDP? Could these policies provide a framework for services within the Early Start system?
2. Could the qualifications of personnel authorized within DHS/Children's Medical Services (CMS) and the Child Health & Disability Program be used and adopted by Early Start through DDS and the regional center system? Through the education system?
3. What is considered appropriate history – what are all the risk factors to be considered and at what point is there a referral for the next step? What are specific considerations for children served by Early Start?
4. How are the current questionnaires and processes used in Early Start in education and the regional centers the same or different? What is the effectiveness of each?
5. The newer technologies – oto-acoustic emission (A-OAE) and the Automated Auditory Brainstem Response (AABR) - are more accurate but more expensive. – Is this the standard to achieve? Is this possible?
6. Are nurses, audiologists, speech/language pathologists and teachers of the deaf/hearing impaired within the educational system all considered "appropriately" trained to do hearing screenings? with infants and toddlers? Do they have additional training and is this documented in the educational system?

7. What is the validity of the Hear Kit – how/what agencies currently using this for screening and is this effective? Is this most common in Head Start and state preschools? What personnel conduct screenings?
8. What can an Early Start service coordinator be expected to do? Within the regional center system, what training is needed to conduct hearing screenings and how is this documented? Who can and who does provide screening and assessments in the regional center system and what should be conveyed to regional center staff?
9. After the initial newborn hearing screening, could those children with other identified disabilities, developmental delays and high risk factors, be followed and re-screened/assessed on a regular basis - every 6 months?
10. Training is a critical variable, as specialists in the field of hearing loss may not be trained to work with infants and very young children and their families. Audiologists with training and/or experience in pediatrics are not readily available and are clearly in need. How might this issue be addressed?
11. How can the HSC and the ICC affect the current policies and practices used in the Early Start program? What is needed?

In addition to these questions and discussions regarding funding and local practices, Dr. Miller noted the need to consider the role of the child's primary health care provider (PHCP) in the hearing screening assessment process for all children – including those with special needs. Dr. Miller questioned how teaming and collaboration with PHCP's could be facilitated and suggested the following PHCP roles & responsibilities for those working with young children and their families:

For children under 6 months

- ◆ refer for newborn screening if not already conducted

For children over 6 months

- ◆ follow the AAP guidelines and those of the Dept. of Health Services, Primary Care and Family Health Division, Children's Medical Services Branch regarding screening, referral, follow-up high- risk indicators/protocol – (see attached)
- ◆ Utilize a parent questionnaire, observations and a developmental questionnaire to identify child's abilities and any concerns
- ◆ If questions or concerns arise, refer for further assessment and initiate a referral to Early Start

Recommendations specific to PHCP's working with young children/families referred to Early Start

For children under 6 months

- ◆ If not already conducted, refer to Certified Outpatient Hearing Screening Provider for newborn screening

- ◆ If child passes screening and there are no family concerns, consider screening valid at this time
- ◆ If child passes screening and the parent still has concerns, refer for a diagnostic assessment

For children over 6 months

- ◆ Utilize a parent questionnaire that includes questions regarding the child's hearing abilities and related risk factors
- ◆ Obtain a health and developmental history – identify possible risk factors
- ◆ Include behavioral and developmental observations along with the child's health status
- ◆ If there are observed and/or parental concerns, refer to Early Start for diagnostic assessment
- ◆ Provide the above information when making the Early Start referral to assist the service coordinator in determining next steps and coordinating needed resources for a diagnostic assessment

Action Plan and Follow-up

1. HSC staff (S.Wolfe) to obtain packet of information on proposed guidelines in this area from DDS – determine any previous guidance from DDS and the regional center system regarding hearing screening/assessment and intervention for children under three
2. Identify appropriate sections from CDE publication in this area
3. Request more information on the findings in this area from the site and monitoring visits – what are current findings? Is there documentation of training by those providing hearing screenings and assessments?
4. Send above information to Dr. Morrow for review and planning for next steps within the HSC
5. Before next meeting, follow-up with emails and materials to other HSC members regarding pertinent information and considerations for recommended practices – to be discussed by the HSC

- B. Preferred Practice Patterns for Speech- Language Pathologists in Service Delivery to Infants and Toddlers and their Families: Guidelines for Intervention and Planning** - Ruth Harris presented the third and latest draft of this paper and noted that this version is currently on the approval list for California Speech and Hearing Association. She noted that this version (see attached) places a new emphasis on family involvement, teaming, collaboration and relationship based practices. Ms. Harris also noted that input from the HSC helped to incorporate more sensitivity toward family input and culture and a more comprehensive and coordinated service delivery focus within the

practice guidelines. The committee thanked Ms. Harris for all her time and work on this paper and her willingness to make changes and incorporate the suggestions of the HSC

Action Plan and Follow-Up

1. Obtain electronic version and latest version from Ms.Harris
2. Prepare for ICC Action Item – to be introduced at March meeting
3. Work with DDS to send recommendations to the regional centers and through CDE/Special Education Division – determine how information is disseminated and utilized
4. Discuss strategies for forwarding information to the training and technical assistant providers and including the information in Early Start training activities.

C. The Role of the Primary Health Care Provider in Early Start – In response to last month's meeting with the Public Awareness Committee, an interim joint meeting was proposed. This interim meeting would provide focused follow-up on the white paper prepared by Dr. Miller, the questions generated by the HSC regarding Early Start practices and outreach to physicians and other health care providers and, plans for evaluation and development in this area. The request will be made to the ICC and arrangements will be made accordingly.

D. Early Start Monitoring and Evaluation – Materials and information presented by Ken Freedlander of DDS regarding Early Start were discussed. The HSC voiced concern that the charts and information presented did not reflect all that is collected and did not provide an overall framework. HSC members had questions regarding both the DDS & the CDE processes being used in the field. The group noted that it would be beneficial to have a presentation from both departments regarding the full materials and processes used in a monitoring visit. The HSC would then be better able to focus in the Health Services sections knowing more about the overall process and specifics related to Health Status.

Parents reported concerns regarding the IFSP and related program planning processes in both the regional center and education systems. Additional concerns were voiced regarding the process and personnel involved in records review. Additional concerns included situations in which IFSP's forms are mailed for signature without parent input, services listed that aren't provided and situations in which parents are asked to sign incorrect or blank forms without accurate information or details noted. This discussion led to continued concern and interest in the Early Start monitoring visits and subsequent reports.

Action Plan and Follow-Up

1. Request presentation by DDS/Early Start staff and CDE/Special Education Division regarding the overall monitoring process and materials used
2. Utilize overview presentation and materials to focus attention on Health Status section – including current findings and possible next steps

E. Questions Regarding the Health Status Section of the Early Start Service Coordinator's Handbook – The responses of DDS and the WestEd team to the HSC questions regarding the development of this new section within the Handbook were

reviewed (see attached). The committee was appreciative of the attention provided to these questions and opportunity for volunteers from the HSC to review the proposed new materials. The following committee members volunteered for this review: Nancy Sager, Arleen Downing, Julie Kingsley, Robin Millar and Hallie Morrow.

Action Plan and Follow-Up

1. HSC staff (S.Wolfe) to forward information regarding above volunteers to DDS and assist as needed in providing information.
2. Arrange follow-up presentation from DDS, WestEd team and reviewers for the full HSC

F. Other Information/Requests

- ◆ Robin Millar will serve as the HSC's "buddy or mentor" for new members
- ◆ Possible presentation from HSC by ICC Member, Hedy Hansen regarding recent training at the NECTAC conference
- ◆ Explore contact with Karen Bodin from the Ca. Center for Health Improvement regarding the website information and contacts for persons with disabilities.
- ◆ Follow-up on issues and concerns regarding health care services for young children with significant health care needs and developmental disabilities including: payment for services, what to do if needed services are not included in insurance benefits, information on funding resources, concerns that families are being asked for their insurance without knowledge of the implications of using their insurance, the status of adding a health professional to the Regional Center teams and, how to identify and showcase effective health care practices, models and partnerships for children and families in Early Start

V. Meeting adjourned at 5:20 PM

**INTERAGENCY COORDINATING COUNCIL
Health Systems Committee**

TENTATIVE COMMITTEE AGENDA FOR MARCH 21-22, 2002

- I. Introductions and Opening Remarks**
- II. Agenda Review**
- III. Review/Approval of Minutes**
- IV. Committee Tasks and Activities**
 - A. Follow-up on Hearing Screening/Assessment Guidelines and Recommendations**
 - B. ICC Action Item – The Preferred Practices for Speech Language Pathologists**
 - C. Role of the Primary Health Care Provider in Early Start – follow-up to interim meeting with the Public Awareness Committee**
 - D. Presentation/discussion regarding Early Start Monitoring & Evaluation and Review of Health Status Section and Findings**
 - E. Update on Service Coordinator’s Handbook and Upcoming Training**
 - F. Funding and Use of Insurance for Hearing and Vision Screening and Assessment**
- V. Other:**
 - Report from Hedy Hansen on NECTAC Conference**
- VI. Adjourn:**